

Case conference

Lesbian couples: should help extend to AID?

A considerable amount of publicity has recently centred on a few Lesbian couples who have successfully obtained artificial insemination by donor (AID) in order to have a child.

Advice was originally sought on a private basis from the Journal on the following case: now the issue is public knowledge, the doctor presenting the case has agreed to open discussion, and a case conference was convened to consider it. Those taking part were: Jackie Forster, Co-editor of Sappho; lesbian feminist magazine; Carola Haigh, General Practitioner, London; Ian Kennedy, Barrister and Lecturer in Law, Kings College, London; Anthony Parsons, Gynaecology Department, Kings College Hospital, London; Jennifer Pietroni, General Practitioner, London; Gordon Prince, Department of Child & Family Psychiatry, Kings College Hospital, London; Rose Robertson, from Parents Enquiry, a counselling organisation for families where there is an incidence of homosexuality and where it is causing stress. Roger Higgs, General Practitioner and organiser of the Case Conference Series, was in the Chair.

Background

Jill and Georgina had lived together for five years when they presented to their general practitioner with their request. Both were in their late twenties, but had come from very different backgrounds. Jill was the eighth child of a large Glaswegian family, and had had a tumultuous childhood, with few memories of a drunken father before he died, and a mother severely disabled by rheumatoid arthritis. Jill was brought up by her elder sister, and left home at 16 to get married. This marriage was a disaster, and began her understanding of herself as a Lesbian. However, she had not had children, and after two years of struggle with her conscience she left Glasgow and joined the Army. Here she enjoyed five happy years before leaving to become a journalist, and worked her way to Fleet Street. In London she met Georgina, her third lover, and a stable partnership was formed.

Georgina was a nursing sister, the only daughter of a Surrey solicitor. She remembered her childhood

as happy, marred only by her father's tantrums. He was a domineering man, who at the time Georgina was first seen at the doctor's, had just had a heart attack. Georgina was close to her mother and it was to her that she first turned when in her early years of nursing she realised she had no attraction to men. Her mother was shocked and rejecting at first, but came to accept her daughter's problem after a while, and it was with her that Georgina first discussed the dilemma she felt - that of wanting a child.

This desire for a child became stronger when she came to live with Jill, and rapidly became the most important idea in their plans together. They explored the idea of adoption but were rejected in writing in their initial approaches to adoption societies. The idea of artificial insemination at first seemed unpleasant, but then clearly the only way to achieve their plans. Georgina decided to approach a colleague at work and was put in touch with a gynaecologist.

This had proved an unpleasant experience. The gynaecologist, while prepared to accept patients for artificial insemination within conventional marriage, clearly had never considered the possibility for homosexual couples. He pointed to Jill's broken family life and Roman Catholic background, and stated that he did not consider their relationship a stable one in which children could be reared. After some argument, the couple left, humiliated.

Two years later, Georgina decided to approach her own general practitioner. After hearing the problem outlined he was sympathetic, but equally unsure of the right course of action. After some research he found a specialist who was sympathetic, and referred the couple, but approached a member of the *Journal* Board for advice.

We now know that Georgina has become pregnant, and that the couple have since emigrated.

The ethical question

ANTHONY PARSONS

Any couple requesting artificial insemination by donor raises a difficult ethical question. Normally the pregnancy is that individual couple's decision, but now the doctor is placed in a position where he is a third party to it. He may have strong reservations about the decision, and yet if he is to refuse, on what grounds does he justify the refusal? Even if

he feels strongly that the parents are not going to provide, in an emotional sense, what a child needs in life, he must have more than a strong feeling to turn them down. There are about 15 National Health Service centres in this country that now offer AID, and at our own we are trying to see if there are any criteria for selection, apart from the medical ones. My present feeling is that it ultimately comes back to the parent's choice.

Although I have not been asked to see a couple such as we are discussing, I don't think the sex of the parents is that important. I have certainly seen many heterosexual couples who I think were less suited to go through either the trauma of getting pregnant or the subsequent rearing of children than Georgina and Jill. But in this case, I have to admit I should have looked for the security of a second opinion, just as I should in any couple where I thought there was a possibility of the relationship being less than averagely stable in the long term.

JACKIE FORSTER

The gynaecologist in the case decided the relationship wasn't a stable one. I'd say that five years, by heterosexual standards, is pretty stable. With the current merry-go-round of divorce cases, I wonder what the comparison is? If there is no child involved, Lesbian couples may reasonably have their relationship as long as love lasts. But where a child is involved, it is different. I know of six Lesbian couples who have had AID, and none of them has had a child to improve the relationship – a motive not unknown in conventional marriage. As yet the oldest child is only five years old, so the future is unknown: but one thing I am beginning to think is that the family has no influence on the child's eventual sexuality at all. We're told in this case about a crippled mother and a dominant father. I think these ideas are based on a myth that must be looked into.

GORDON PRINCE

We are discussing two highly emotive subjects – artificial insemination and Lesbianism, and neither of these have yet been digested into the emotional lives of our colleagues or society. In that sense we have to be very tentative in offering anything more than personal opinions. No child has yet been born into a Lesbian relationship who has grown up, to develop and demonstrate his or her capacity for normal emotional and sexual adjustment in adult life. So we are forced back onto theoretical assumptions.

Heredity and homosexuality—are they linked?

ROGER HIGGS

Are we happy to eliminate the notion that there is anything strictly hereditary about homosexuality?

GORDON PRINCE

I would dismiss it. The bulk of serious work that has been done has failed to demonstrate any genetic or endocrine basis for homosexuality. Also, the concept that any particular child or adult is either homosexual or heterosexual is not in keeping with the facts. It is a tenet of most serious schools of psychiatry, especially the psycho-analytic ones, that everyone is potentially psychologically bisexual. A large number of young people, if not all, go through a homosexual phase. In most cases this tends to pass on, either permanently or impermanently, to the heterosexual level. Again, I take it we are all aware of the fact that many who are heterosexual, marrying and breeding children, may at the same time be homosexual and may fluctuate between the two with the greatest of ease. There are not two different sorts of beings; it is a question of degrees rather than absolutes.

Jackie Forster made the challenging statement that in her view family experience has nothing to do with the individual child's subsequent sexual development. Can we sustain this?

ROSE ROBERTSON

Parents Enquiry has been in being now for 11 years, and in that time we have handled about 6000 families from different walks of life. So far we have been unable to establish any factor in the background of families that have homosexual children (15 to 18 year olds is the age group we see) that runs right through. Family background has a great deal to do with the emotional stability of a child, but not with his or her sexual inclinations. These are two distinct things. We have to be very careful indeed, particularly when we deal with the younger person who presents himself as being very disturbed, as this may be partly because of his family's reception of the news that he is homosexual, and partly because he or she feels second rate in some way, or not quite up to the level of the other children around. One must be very careful to separate the fact of homosexuality, if it can be established at that age (and it usually can) from any other emotional experience that the child has had which can cause emotional damage. This may be nothing to do with the child being homosexual, but to circumstances which would equally disturb a heterosexual child. We find a lot of confusion here: young people may be categorised, and no-one may look beyond the presenting problem to see whether there is anything in the background of parents or child which could cause disturbance and which is nothing to do with the fact that the child is growing towards a homosexual orientation.

What influence has the environment?

ROGER HIGGS

In this case we are putting a child deliberately into

a family where there is no heterosexual relationship or background. Even if we cannot see why a child of heterosexual parents should become homosexual, if the parents are homosexual, has that child any chance of *not* becoming homosexual?

ROSE ROBERTSON

Where a woman has brought her children into a Lesbian relationship we are sometimes asked for advice on what to tell the children. There seems on the whole to be a tremendous amount of care given to children within Lesbian relationships. They take the responsibilities of parenthood very seriously indeed. On the other hand, there are families where the teenage boys in particular showed signs of disturbance, and this was about sexist roles, who plays mother and who plays father. That is not to say that there is anything wrong with their upbringing, and it does argue for the re-education of society about sexuality and sex roles. One child we met was unable to approach girls because he was confused about how dominant or masculine he was to be. However, he had been baited a great deal at school about the relationship of his parents. The type of sexual education children get at school highlights procreation, but tells them little about sexuality.

JACKIE FORSTER

At one meeting we had recently one woman quoted 30 children she knew being brought up by Lesbian households. They were boys and girls and ranged from four to 19 years old, and only one, a girl, had had a homosexual relationship and had now moved in with a man. From our point of view they seemed to be following the patterned roles and we found it rather depressing!

IAN KENNEDY

It is being argued that, although a child is being raised in what is *prima facie* an abnormal environment, it isn't *really* an abnormal environment but only seems so because of sex roles, and that the child is disadvantaged only by what other people outside the home think. However, as a pragmatist, I am entitled to point out that you *are* bringing up the child in that environment and society, and to ask if it is in any way fair to use the child as a catalyst to change society? We have to live in the real world. These roles exist, and the child will be confronted by the difference between his home environment and the social environment. To say it is society's fault doesn't help him in any way. Moreover, when there are enough problems met by any child as he grows up, should one consciously put a child into an environment where these extra problems will undoubtedly be encountered? I am sure one should not.

GORDON PRINCE

Society doesn't just impose these roles, it also interacts with internal psychological mechanisms. We cannot possibly understand the development of an individual, including his or her eventual sexual orientation, without concepts like identification with parents and other family members in the early months and years of life, and without the incorporation from that experience of what we normally think of as things masculine and things feminine. I do not think we can abandon the concept that a child normally develops out of an experience in which there is a male person, usually father, and a female person, usually mother, and that it is the interaction in that situation which does a great deal to fit him to eventual masculinity and her to femininity.

The masculine and feminine roles

ANTHONY PARSONS

Do they need to be biological male and female? In a homosexual couple might not one at the male end of the spectrum, and one at the female end, playing roles, be just as good?

JACKIE FORSTER

A Lesbian is totally a woman, woman identified woman, seeing herself as a woman and attracted to another woman who also sees herself as a woman. Neither fantasise or pretend to play the male role. The so called extremes of 'butch' and 'fem' is rare nowadays and a question of dress, not of relationships and roles.

To talk of masculinity being of right to the biological male and femininity being of right to the female, that is pure social conditioning. The simplistic view in society that if you are male you must be masculine and everything on the masculine side of the scale is good and positive for you as a man, but a hazard, distortion and deviancy for a woman (and *vice versa*), is total rubbish. In the feminist movements we do not see that masculine attributes, such as aggressive positive decision making, are lacking in any way among women, but simply that women who use them become a threat to men. These things start in childhood: in a Lesbian household there isn't any of this categorising. In my own, two children I helped to bring up, far from being rejected by others at school seemed to be seen to have an extra quality of knowledge, and were sought out by other children when the others needed help. Every child should I am sure be exposed to the total sexual spectrum.

IAN KENNEDY

Let us look at the words used by the House of Lords only last year concerning the case of a homosexual who was seeking to object to the adoption of his child by his ex-wife and her new

husband. 'Whatever new attitudes Parliament or public tolerance might choose to take with regard to consenting adults over 21, these should not entitle the Courts to relax in any degree the vigilance with which they should regard the risk to children at critical ages being exposed to, or introduced to, ways of life which might lead to severance from normal society, to psychological stresses and unhappiness and possibly even to physical experiences which might scar them for life'. Given that one of the rôles of the Courts is that of conserving, they must err on the side of caution and speak against the type of exposure that you would advocate. The reality that procreation *can* take place in another way doesn't replace the normative question as to whether it *should* take place and be available in another way.

JACKIE FORSTER

There is a great misconception that homosexuals are child molesters. In the courts, the majority of offenders in this way have a heterosexual makeup, as a recent survey showed. Charlotte Wolfe interviewing 70 bisexuals, discovered that in most, with early sexual experience under ten, the experience of the girls was heterosexual and the boys anal. Women tend not to see children as sex objects as men do.

GORDON PRINCE

Any anxieties based on the fear that a Lesbian couple are more likely to interfere sexually with their children or to pervert them can be dismissed as there is every evidence to suggest that a heterosexual couple are just as likely to do those things. We're up against a much deeper problem as to what the rational man will accept. The hostility and fear to what we are discussing is very deep.

JENNIFER PIETRONI

We should seek to ensure that both heterosexual and homosexual households have very open attitudes to sex in their homes. I think there is room for hope: witness how in 10 years the attitudes of doctors, especially gynaecologists, have changed, towards abortion, for instance.

AID and the law

IAN KENNEDY

We need the reasonable person's views to prevail. It is just as worrying, as a lay person, if the medical profession is progressive, that doctors may be making normative judgements, thinking that they are in touch with what is the appropriate moral posture to take, when they are clearly out of line with the rest of the population. There are many issues that are too large to be left to the medical profession. These decisions should not rest within the microcosm of the doctor-patient relationship,

but guidelines should be sought elsewhere. The premise is that you don't do it, until there is a change in the law.

Some of the problems that the lawyer encounters need looking at. AID itself is new to the profession and raises difficulties. First, is it ethical to do follow-up studies that are being advocated, because it would involve knowing that the child was conceived in this way, knowing the donor, and thus breaching confidentiality and putting strain on the family? If mixed semen is used, genetic counselling becomes impossible, and the doctor still has the duty not to introduce unhealthy semen. The child is clearly illegitimate, which is now a decreasing stigma: but it raises the unusual problem of succession to the donor's estate. I cannot see the Courts giving adoption to the couple we are discussing, and, most serious, what is the likelihood of the child being taken into care? In the light of two cases in 1977 where the child was denied education by a father implacably opposed to the comprehensive system, and the children were taken into care, we must study the implications of the Children and Young Person's Act of 1969. Here there is a special criterion that a child in moral danger can be taken into care.

ROGER HIGGS

But it should be possible to study, and to prove, that these children are not at risk.

IAN KENNEDY

This is a judgmental, not an evidential issue. We are dealing with normative postures in society. Such a study would be unethical; you would have to intrude into their families for 20 years.

ROGER HIGGS

I think that not looking is the only unethical posture! Society already intrudes into families through the statutory powers and activities of social workers and health visitors to protect the child. They too must have evidence at their disposal.

Could a child conceived thus sue the gynaecologist?

IAN KENNEDY

Only if the gynaecologist had done something which a reasonably qualified person in that situation would not have done; if he'd been negligent. In the USA an action was sustained by the bastard child of a mentally ill patient who had been attacked in the grounds of the asylum. There was congenital syphilis, and the child sued on the grounds that it should not have been conceived. I can't see that being sustained in this country!

ANTHONY PARSONS

Actually I'm not sure why doctors are being asked to administer AID as it is technically absolutely simple, and is not the same situation as in an infertile

couple; and conception occurs easily. I agree that there are tests to consider, but in that case the easiest way out for the individual gynaecologist would be, as in termination of pregnancy, to take responsibility for the technicalities of the operation but make it clear he is handing back the responsibility for the decision to the patient.

CAROLA HAIGH

We can hand the decision back to the patient, but we have to take responsibility for what we are doing, looking over our shoulder to what we are creating. As general practitioners, we are starting a family and must take some responsibility for making sure the family grows well, and for its management of the child, by analogy with adoption.

Motivation for motherhood

GORDON PRINCE

If it is acceptable to inseminate a heterosexual couple, on what grounds can you now refuse a homosexual couple? One of the things that we tend to idealise is that a heterosexual married couple are necessarily going to be good parents. If this were so I'd be out of a job!

I am concerned however, about the motivation for pregnancy in these Lesbian couples. One sees aggression often as one of the motivations for pregnancy outside marriage, perhaps having a great deal to do with the girl's attitudes to her parents, her own sexuality and her parent's sexuality. Could the demand for AID from Lesbians arise from protest against hostile irrational attitudes against them as a group, to make up for a feeling that society is unjust to them, or as a basic hostility to men or to the traditional male pattern of society? I think the only progress we can make is to study this issue.

JACKIE FORSTER

I agree it would be interesting, but I must point out that the recent publicity was produced by the media, not the Lesbian movement; and that Lesbians are not anti-male, they just find sex with men distasteful.

JENNIFER PIETRONI

There is in many women a tremendous drive for motherhood quite separate from sexual appetite, which may be low, or from orientation. We don't ask the motivation of our heterosexual mothers, which may be very shaky. I think it would be difficult to study Lesbian women without studying other mothers.

GORDON PRINCE

We have a lot of information on other mothers. Take adoption for instance, where one finds a whole spectrum of motives, some positive and some negative: but such figures as we have suggest that it may be the best solution for the disadvantaged illegitimate child. By and large the outcome is good.

ROGER HIGGS

Thank you all very much. I think we have been able to dismiss a number of fears that were raised in the recent public debate on this problem, although some remain. Some of us feel that the problem should be tackled by acquiring more knowledge; others doubt the ethics of this. Meanwhile, public attitudes, and the emotional gauntlet that such a child must run between them, remain unchanged, which some see as a good reason to press on, while others see it as an absolute reason for holding back. However, since day to day judgments have to be made, those involved deserve the help they can obtain before, during and in the years that follow their difficult decision, and we hope our discussion will be of some value to them.